

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



CERTIFICATE OF AMENDMENT OF LIMITED PARTNERSHIP

(Section 425E-202, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, in accordance with the provisions of Chapter 425E, Hawaii Revised Statutes, certifies as follows:

1. The partnership is (check one): ☐ Domestic Limited Partnership
☐ Domestic Limited Liability Limited Partnership

2. The name of the partnership is:

3. The Certificate of Limited Partnership was filed on: _____
(Month Day Year)

4. The Certificate of Limited Partnership is amended as follows:

I/we certify, under the penalties set forth in Sections 425E-208, Hawaii Revised Statutes, that I/we have read the above statements and that the same are true and correct.

Signed this _____ day of _____, _____.

(Type/Print Name of General Partner)

(Signature of General Partner)

(Type/Print Name of General Partner)

(Signature of General Partner)

(Type/Print Name of General Partner)

(Signature of General Partner)

SEE INSTRUCTIONS ON REVERSE SIDE.

Instructions: Certificate must be typewritten or printed in **black ink**, and must be **legible**. All signatures must be in **black ink**. Submit original certificate together with the appropriate fee. The amendment becomes effective on the date of filing this certificate in compliance with Chapter 425E, Hawaii Revised Statutes.

The certificate must be signed and certified by:

- (A) At least one general partner listed in the certificate;
- (B) Each person designated in the amendment as a new general partner; and
- (C) Each person that the amendment indicates has dissociated as a general partner, *unless*:
 - (i) The person is deceased or a guardian or general conservator has been appointed for the person and the amendment so states; or
 - (ii) The person has previously delivered to the director for filing a statement of dissociation.

If partner is a **corporation**, a corporate officer must sign on behalf of the corporation. If partner is another **partnership**, a general partner must sign on behalf of the other partnership. If partner is a **LLC**, must be signed by a manager of a manager-managed company or by a member of a member-managed company. If partner is a **LLP**, must be signed by a partner.

Line 1. Check the appropriate box.

Line 2. State the full name of the partnership.

Line 3. State the date (month, day, and year) the Certificate of Limited Partnership was filed with the Department of Commerce and Consumer Affairs.

Line 4. 1. State how the Certificate of Limited Partnership is being amended by setting forth the specific article number, paragraph, line, etc. which is being amended and the new information.

Example:

Line 2 is hereby amended to read as follows:

1. The name of the partnership shall be: _____ (new partnership name) _____.

The above example amends the name of the partnership.

2. If amendment is to change the status of the limited partnership to a limited liability limited partnership, state the following:

A majority of the general partners have agreed to change from a limited partnership status to a limited liability limited partnership status.

If additional space is required, state *SEE ATTACHED*, and use an attachment. Attachment must be typewritten or printed in black ink on 8-1/2 x 11 white, bond paper and printed only on one side.

Filing Fees: **Filing fee (\$10.00) is not refundable.** Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check (\$15 fee plus interest charge).

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733 Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.